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PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of

Mutsumi KIMURA

Group Art Unit: 2673

Application No.: 10/036,396

Examiner: R. Osorio

Filed: January 7, 2002

Docket No.: 111629

For: DISPLAY DEVICE, DRIVING METHOD THEREFOR, ELECTRO-OPTICAL
DEVICE, DRIVING METHOD THEREFOR, AND ELECTRONIC APPARATUS

AMENDMENT

RECEIVED

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

JUL 23 2004
Technology Center 2600

Sir:

In reply to the April 21, 2004 Office Action, and further to the July 6, 2004 personal
interview, the following is submitted:

Amendments to the Claims as reflected in the listing of claims; and

Remarks.

07/22/2004 EFLORES 00000031 10036396

01 FC:1202

36.00 OP

OLIFF & BERRIDGE, PLC
Telephone: (703) 836-6400
Facsimile: (703) 836-2787



PATENT APPLICATION

Attorney Docket No.: 111629

CUSTOMER NUMBER 25944

AMENDMENT TRANSMITTAL

In re the Application of

Mutsumi KIMURA

Group Art Unit: 2673

Application No.: 10/036,396

Examiner: R. Osorio

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For: DISPLAY DEVICE, DRIVING METHOD THEREFOR, ELECTRO-OPTICAL DEVICE, DRIVING METHOD THEREFOR, AND ELECTRONIC APPARATUS

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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Technology Center 2600

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Entitlement to small entity status is hereby asserted.
☐ Small entity status of this application has been established.

The filing fee has been calculated as shown below:

	(Column 1)	(Column 2)	(Column 3)	SMALL ENTITY		OR	OTHER THAN A SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADD'L FEE		RATE	ADD'L FEE
TOTAL CLAIMS	*22 MINUS	**20	=2	x 9	\$		x 18	\$ 36
INDEP CLAIMS	*3 MINUS	***3	=0	x 43	\$		x 86	\$ 0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ 145	\$		+ 290	\$ 0
					\$			\$ 36

- * If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" in this space (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior Amendment or the number of claims originally filed.

- ☒ Check No. 156501 in the amount of \$36.00 is attached. The Commissioner is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached.

Respectfully submitted,

Holly N. Moore
James A. Oliff
Registration No. 27,075

Holly N. Moore
Registration No. 50,212

JAO:HNm/kzb

Date: July 21, 2004